

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3878HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/29/2009
NAME OF PROVIDER OR SUPPLIER TAHOE PACIFIC HOSPITAL-WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 235 W SIXTH STREET 5TH FLOOR RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 22046 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 12/28/09 and finalized on 12/29/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 216 SS=D	<p>NAC 449.340 Pharmaceutical Services</p> <p>2. The pharmacy and area for drug storage must be administered in accordance with all applicable state and federal laws. This Regulation is not met as evidenced by: Surveyor: 22046 Based on observation and interview, the facility failed to remove six expired intravenous bags from the medication storage area. The expired fluids were available for patient use.</p> <p>Severity: 2 Scope: 1</p>	S 216		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 338	Continued From page 1	S 338			
S 338	NAC 449.363 Personel Policies	S 338			
SS=A	<p>3. Personnel policies must provide for:</p> <p>(b) The maintenance of records of current employees which confirm that the personnel policies are being followed.</p> <p>This Regulation is not met as evidenced by:</p> <p>Surveyor: 23119</p> <p>Based on review of personnel records and facility policy review the facility failed to ensure 1 of 10 personnel records had evidence of a pre-employment physical (#6).</p> <p>Severity 1 Scope 1</p>				

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